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Minimise, manage, and modify: the UK must create and use time

The UK Government's change in strategy to the COVID-19 pandemic is a move from a Contain–Delay–Mitigate–Research approach to what Richard Horton has termed “Suppress–Shield–Treat–Palliate”.¹ Horton argues that “the gravity of [the national] scandal has yet to be understood”. Analysing the actions of the past is only helpful to the extent that we can learn and improve for the present. Fortunately, there is immediate value in understanding, and changing, the flawed assumptions underpinning the UK Government's strategy.

Both strategies appear to have the same flaw: neither appropriately value the commodity of time. The strategies have two common core public health goals: to minimise the lives lost to COVID-19 and to manage the demand pressures on the National Health Service (NHS) and avoid health-care system collapse. What is less well articulated is that time is the most important commodity for both strategies: time to scale up public health infrastructure such as testing and tracing, invest in health-care systems and crucial infrastructure, and eventually discover and distribute treatments and vaccines. Although the UK Government has now acted to minimise the spread of infection (the effectiveness of which remains to be seen), it must do more to manage the number of new cases and, going forward, modify its political judgments on the basis of the growing evidence base.

The initial major flaw in the UK Government's thinking was its perception of an inevitable choice between either containing the spread of COVID-19 at the cost of destroying the economy now or tolerating more lives lost now to save the economy later. The UK Government never believed it possible to suppress the epidemic, only mitigate it.²

This belief assumed that the outbreak could not be stopped now without resurgence later, but this assumption ignored the standard public health tools available for containing a pandemic: contact tracing and door-to-door monitoring.³ Ultimately, revised calculations in the model, which showed that the health system—most notably intensive care units—would be overwhelmed, made following this policy untenable.

The time that the lockdown (enacted on March 23, 2020, and loosened on May 10, 2020) has provided was spent with few returns. The UK Government should have used this period to better manage COVID-19 nationally, starting with track-and-trace systems to manage new infections. The NHS should have established so-called fever clinics to screen, test, diagnose, and isolate infected people early. The secure supply of proper personal protective equipment for care staff remains a priority, yet this should not be the front-line; the NHS must be protected by public health interventions to keep the pressure off health services. Finally, the UK Government still needs to better modify its public health and economic policies. Public health measures are expected to last 12–18 months, but the economic measures were only initially in place for 3 months and extended to 7 months. If the population is to be convinced to act for public health, they need to be assured of their economic security.

These are not unprecedented times; the world has seen pandemics before, and will see them again. So far, the UK Government has been consistently behind the curve. Too many lives depend on a fiercer sense of urgency. The UK Prime Minister Boris Johnson must now implement and balance policies to minimise, manage, and modify for COVID-19.

We declare no competing interests.

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1 Horton, R. Offline: COVID-19 and the NHS—“a national scandal”. *Lancet* 2020; **395**: 1022.

2 Ferguson N, Laydon D, Nedjati Gilani G, et al. Report 9: impact of non-pharmaceutical interventions (NPIs) to reduce COVID19 mortality and healthcare demand. 2020. <https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf> (accessed May 18, 2020).

3 Shen C, Taleb NN, Bar-Yam Y. Review of Ferguson et al “Impact of non-pharmaceutical interventions...”. 2020. <https://necsi.edu/review-of-ferguson-et-al-impact-of-non-pharmaceutical-interventions> (accessed